Iowa Department of Natural Resources Commercial Septic Tank Pumper Licensing Waste Management Plan

Annual License period July 1 - June 30

This waste management form is for the annual period from July 1 to June 30 when this license will expire. All calculations should be based on that annual period.

1.	Attach records from previous years work (estimates for this application will be made from these records.)									
2.	Volum	ne of septage to be collected from priv	ate sewage dispos	sal facilities:						
				gallons						
3.	Volume of septage estimated to be taken to all permitted Publicly Owned Wastewater Treatment Works: (Should = total of a – d below.) gallons									
4.	List POTWs to be used and estimated volume per facility:									
	a.	Site	Volume	gallons						
	b.	Site	Volume	gallons						
	c.	Site	_ Volume	gallons						
	d.	Site	_ Volume	gallons						
5.	Attach	letters of acceptance from each POT	W							
6.	Total	Total volume of septage to be land spread:gallons								
7.	Site location for all sites where septage is to be land applied and amount to be applied: $(Should = volume of a - f below.)$									
	a.	Site	_Amount	gallons						
	b.	Site	_Amount	gallons						
	c.	Site	_Amount	gallons						
	d.	Site	_Amount	gallons						
	e.	Site	_Amount	gallons						
	f. Estimated volume to be spread on owners land:gallons									
8.	The gallons in 6. plus the gallons from 3. should equal the gallons in 2.									
9.	. Attach a site record log form for each site outlining the cropping proposals.									
10.	Where	e the form does not allow adequate spa	ace, please attach	addition pages.						
11.		ications to the disposal sites, both pubsion of an amended plan.	lic and private, or	n this plan require the						
Signati	are of L	Licensee:	D	Pate:						
Printed name:										

Iowa Department of Natural Resources Septage Disposal Site Record

	Location:				_Sec	_Twp_	Range				
Reporting year:	County										
Field Number or	ID:										
Crops and Expected yield:											
Nitrogen Require	ment of Crop	p:	poi	unds of N	l per yea	r					
Annual Allowed	Application 1	Rate (AAR): $= \frac{N}{2}$	itrogen	Requirer 0.0026	ment of C	rop Gal	lons/acr	e/year			
Annual Allowabl	e Application	n Rate:		galle	ons per a	cre per	year				
Proposed Planting	g Schedule:										
Harvesting Sched	lule:										
							_				
Application Date	Applicator				s Applied		Total Gal				
		Septage was App	lied	to Site	e Today	App.	lied Year	r to Date			
	nsee:										
Printed Name:				Title	:						

Iowa Department of Natural Resources – Commercial Septic Tank Cleaners SEPTAGE PUMPING LOG - _______, 20____ FOR _____ (Business name or truck driver) Co.# | Gallons Location Disposed Method of **Property Owner** Address Date Date Septage VAR&OR Pumped | Source Pumped Disposed Method of VAR&PR (Vector Attraction Reduction and Pathogen Reduction) if land applied: 1 = Septage injected below the surface of the land. 2 = Septage incorporated into the soil within six hours after application. 3 = Septage stabilized to pH of 12 for one half hour prior to application. 4 = Not applicable, disposed of at permitted wastewater treatment system or at a permitted septage lagoon or drying bed. "I certify, under penalty of law, that the pathogen requirements and the vector attraction reduction requirements have been met. I am aware that there are significant penalties for false certification including the possibility of fine and imprisonment."

Print Name as signed

Date

Signed